

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e

ORIGINAL - Biographic Profile

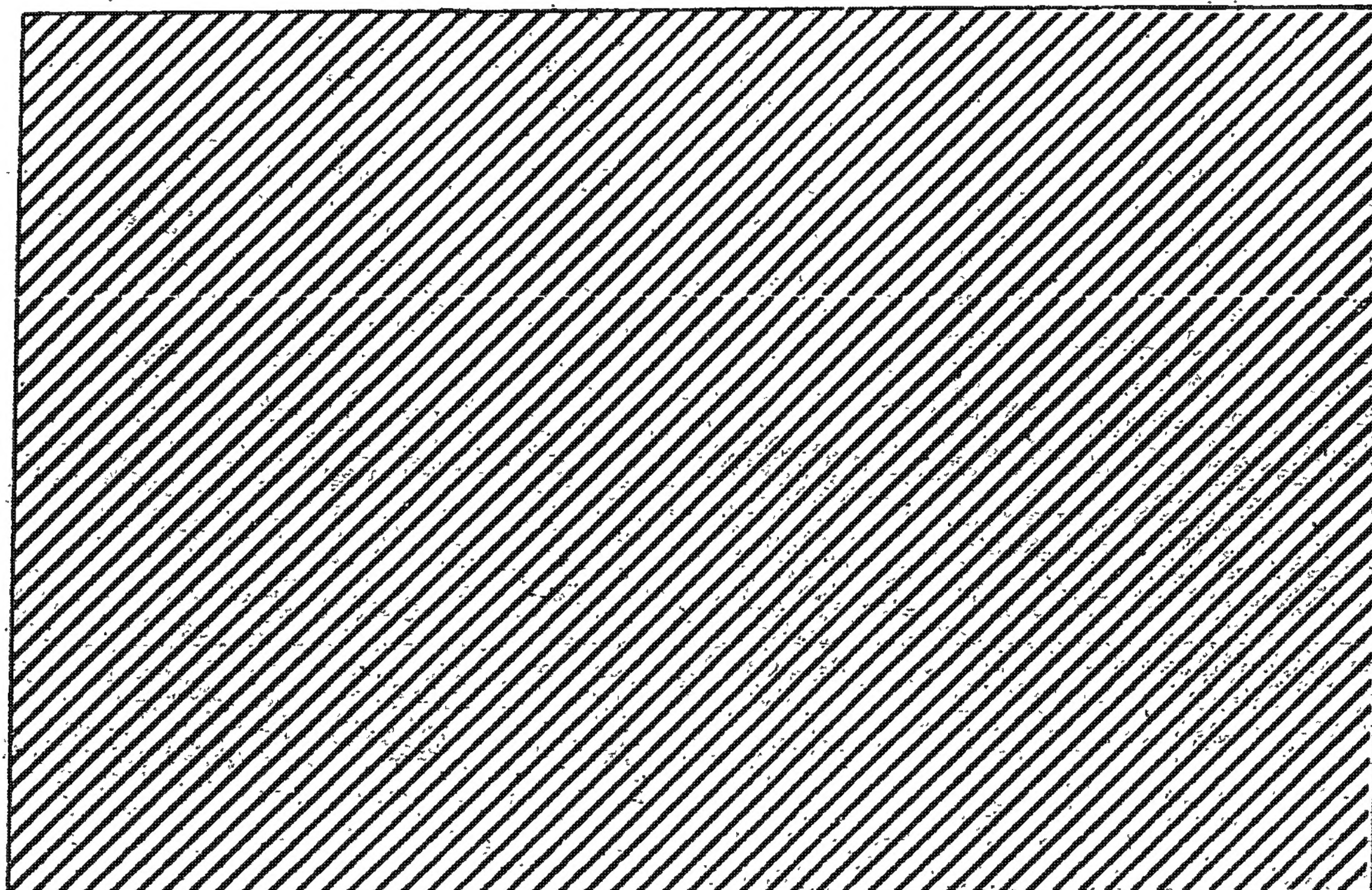
— see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

| | | | | | | | |
|--|----------------------------------|---|--|--|---|--|-------------------------------|
| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 15 June 1964 | |
| 1. SERIAL NUMBER 022592 | | 2. NAME (Last-First-Middle) ZAMBERNARDI, Robert | | | | | |
| 3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT | | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 05 64 | | 5. CATEGORY OF EMPLOYMENT REGULAR | |
| 6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> <input checked="" type="checkbox"/> V TO V <input checked="" type="checkbox"/> CF TO V </div> </div> | | <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF | | 7. COST CENTER NO. CHARGEABLE 5225-0079 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION | | | | 10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C. | | | |
| 11. POSITION TITLE PHOTO GEN | | | | 12. POSITION NUMBER 0113 | | 13. CAREER SERVICE DESIGNATION D | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS (0-11) | | 15. OCCUPATIONAL SERIES 1060.02 | | 16. GRADE AND STEP 10 (3) | | 17. SALARY OR RATE \$8200 | |
| 18. REMARKS <div style="display: flex; justify-content: space-between;"> <div> FROM: DDP/TSD FOREIGN FIELD MEXICO CITY </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CDD <i>DM</i> </div> </div> </div> <p align="center">Security Approval Granted by Pers. SO/OS <i>6/23/64</i> <i>6/21/64</i></p> <p>CC: Security & Vouchered Payroll</p> | | | | | | | |
| | | | | DATE SIGNED | | DATE SIGNED 6/25/64 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION CODE 16 | 20. EMPLOY CODE 10 | 21. OFFICE CODE NUMERIC ALPHABETIC 41300 12 | 22. STATION CODE 75013 | 23. MILITARY CODE | 24. HONORARY CODE | 25. DATE OF BIRTH MO DA YR 05 10 135 | 26. DATE OF DEATH MO DA YR |
| 28. NTE EXPIRES MO DA YR | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE MO DA YR | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> EOD DATA → </div> | | 33. SECURITY REQ. NO. |
| 35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT. | 36. SERV. COMP. DATE MO DA YR | 37. LONG. COMP. DATE MO DA YR | 38. CAREER CATEGORY CODE CDD/RESV PSOV/TEMP | 39. FEGLI / HEALTH INSURANCE CODE 0 - NONE 1 - YES | | | 40. SOCIAL SECURITY NO. |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORM EX-100 1 - YES 2 - NO | | 44. STATE TAX DATA FORM EX-100 1 - YES 2 - NO | |
| 45. POSITION CONTROL CERTIFICATION <i>[Signature]</i> | | | | DATE APPROVED 6/30/64 | | | |

SECRET
(When Filled In)

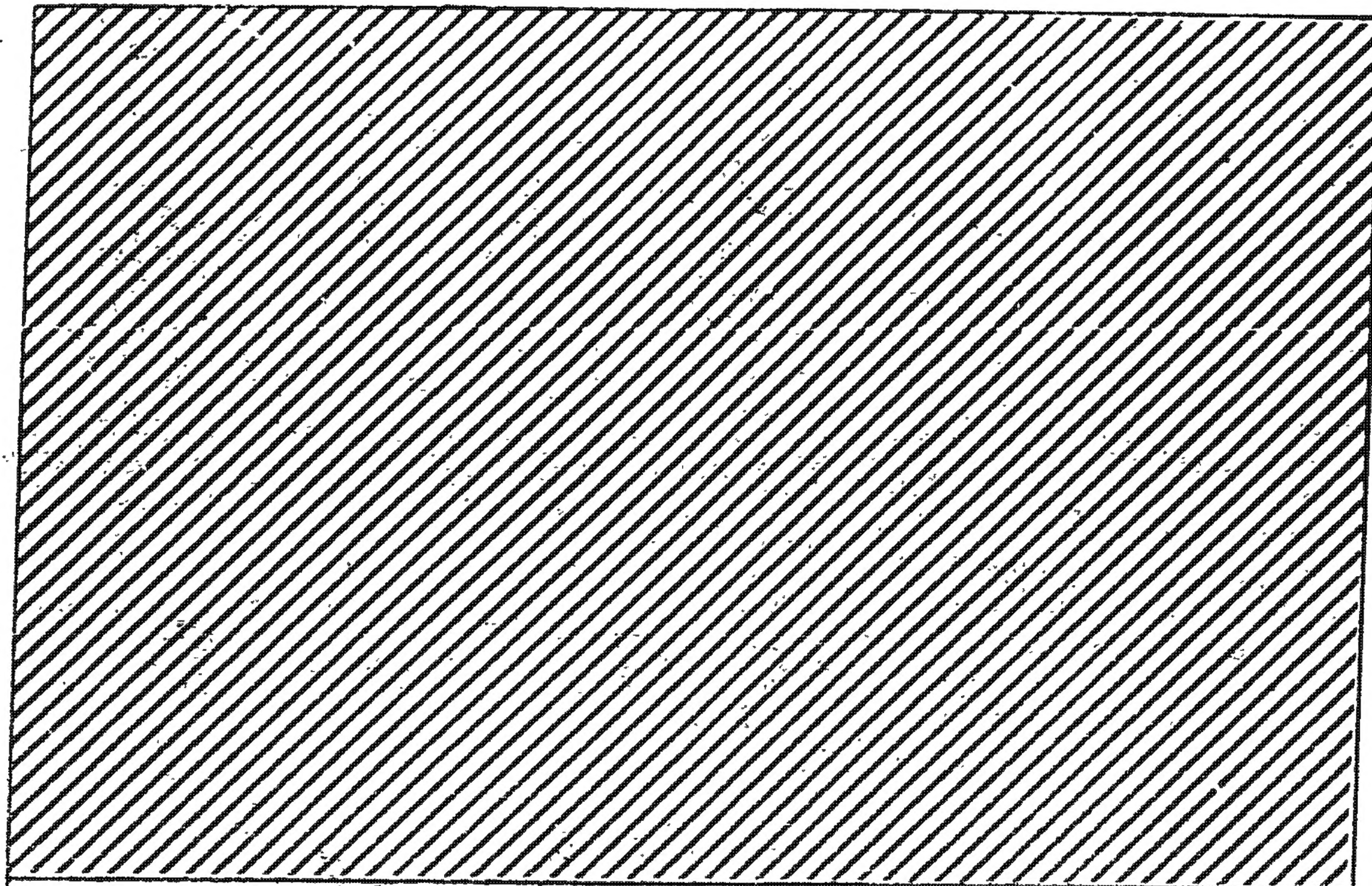


| | | |
|--|-------------------------------------|--------------|
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
| Zambernardi, Robert M. | Philip Edward - son | 64-184 |
| <p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>Log burn - 28 December 1963</u></p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE 10 FEB 1964 | | |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE | | |

SECRET
(When Filled In)

| | | | | | | | |
|---|------------------------------|---|--|--|-------------------------------|--|-------------------------------|
| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 2 April 1963 | |
| 1. SERIAL NUMBER 022592 | | 2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT | | | | | |
| 3. NATURE OF PERSONNEL ACTION PROMOTION | | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63 | | 5. CATEGORY OF EMPLOYMENT REGULAR | |
| 6. FINDS | | V TO V CF TO V | | V TO CF CF TO CF | | 7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007 | |
| 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico | | | | 10. LOCATION OF OFFICIAL STATION Mexico City, Mexico | | | |
| 11. POSITION TITLE IC TECH AIDS | | | | 12. POSITION NUMBER 0575 | | 13. CAREER SERVICE DESIGNATION D | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, #10.) GS | | 15. OCCUPATIONAL SERIES 0136. ST 63 | | 16. GRADE AND STEP 10 (2) | | 17. SALARY OR RATE 7535 | |
| 18. REMARKS FRD M: GS-9 (2) <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Recorded by CSPD <i>DM</i></div> | | | | | | | |
| DATE SIGNED | | | | DATE SIGNED | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION CODE 32 | 20. EMPLOY CODE 10 | 21. OFFICE CODE NUMERIC ALPHABETIC 46575 TS | | 22. STATION CODE 45015 | 23. INITIATE CODE 3 | 24. DATE OF BIRTH MM DD YY 05 09 35 | 25. DATE OF DEATH MM DD YY |
| 26. RATE EXPIRES MO. DA. YR. | | 27. SPECIAL REFERENCE 80 | | 28. RETIREMENT DATA 1 - LSC 2 - FICA 3 - NONE | | 29. SEPARATION DATA CODE 1 - YES 2 - NO | |
| 30. VET. PREFERENCE 1 - YES 2 - NO | | 31. MIL SERV. COMP. DATE MO. DA. YR. | | 32. MIL SERV. COMP. DATE MO. DA. YR. | | 33. MIL SERV. COMP. DATE MO. DA. YR. | |
| 34. VET. PREFERENCE 1 - YES 2 - NO | | 35. MIL SERV. COMP. DATE MO. DA. YR. | | 36. MIL SERV. COMP. DATE MO. DA. YR. | | 37. MIL SERV. COMP. DATE MO. DA. YR. | |
| 38. PREVIOUS GOVERNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS) | | 39. LEAVE CAT. CODE | | 40. FEDERAL TAX DATA FORM EXEMPTED 1 - YES 2 - NO | | 41. STATE TAX DATA FORM EXEMPTED 1 - YES 2 - NO | |
| 42. POSITION CONTROL CERTIFICATION 5 APR 1963 | | | | 43. DATE APPROVED 5 Apr 63 | | | |

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Zambenardi, Robert M

NAME AND RELATIONSHIP OF DEPENDENT*

Paul - SON

CLAIM NUMBER

63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 65 Industrial Accidents.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

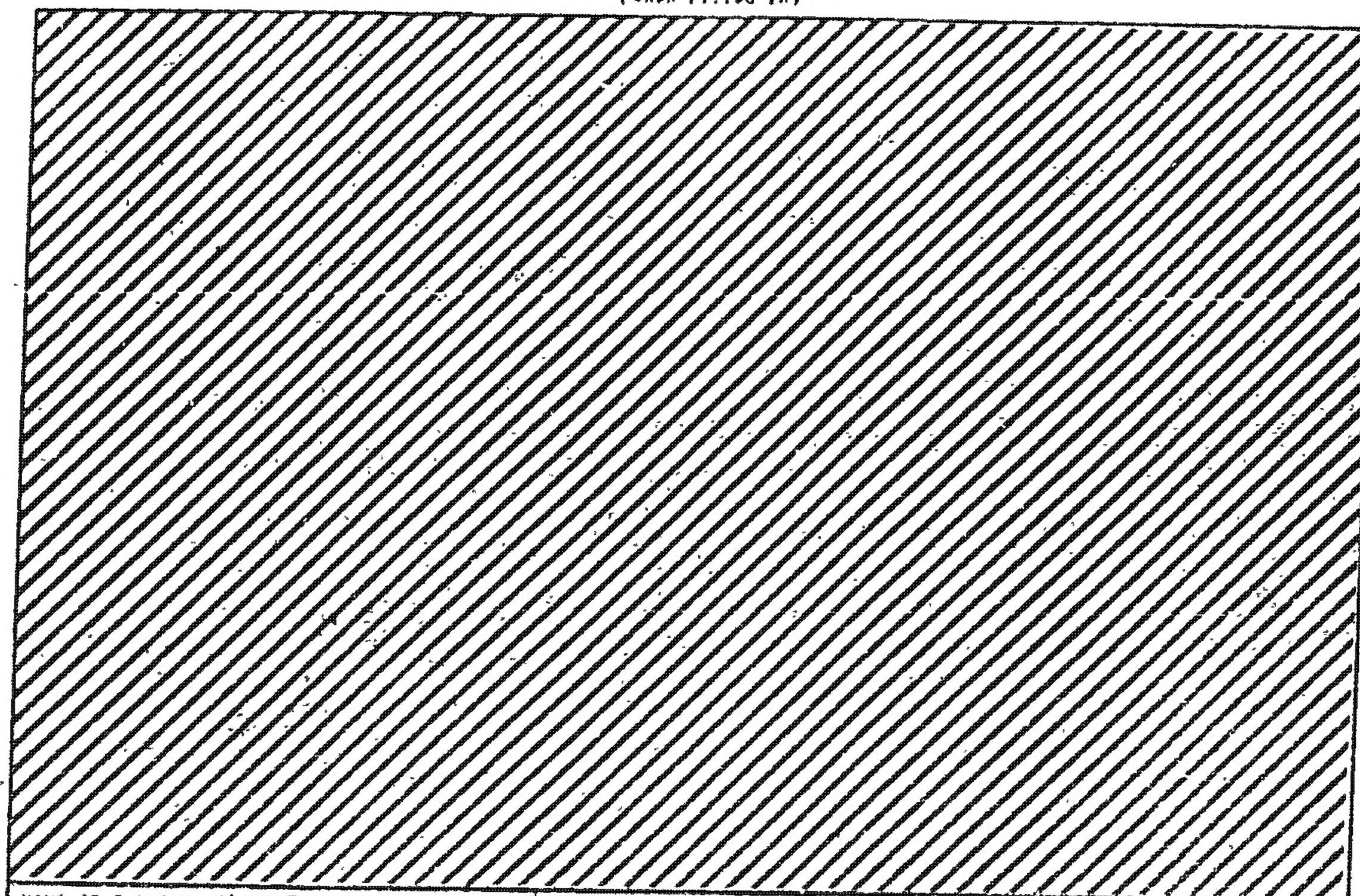
8 January 1965

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

When Pilled in

| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | DATE PREPARED | |
|--|--|-----------------------------|-------------------------|-------------------|----------------------------------|--------------------------------|--|--------------------------------|--|--------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | | | 16 January 1962 | |
| 022592 ✓ | | ZAMBERNARDI, Robert | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | 4. EFFECTIVE DATE REQUESTED | | | 5. CATEGORY OF EMPLOYMENT | | | |
| PROMOTION | | | | | MO. DAY YEAR 01 21 62 | | | REGULAR XXXXXX | | | |
| 6. FUNDS | | 7. V TO V | | 8. V TO CF | | 9. COST CENTER NO. CHARGE-ABLE | | | 10. LEGAL AUTHORITY (Completed by Office of Personnel) | | |
| ▶ | | CF TO V | | X= | | 2125-5700-3007 | | | | | |
| 11. ORGANIZATIONAL DESIGNATIONS | | | | | 12. LOCATION OF OFFICIAL STATION | | | | | | |
| DDP/TSD - Foreign Field Western Hemisphere Mexico | | | | | Mexico City, Mexico | | | | | | |
| 13. POSITION TITLE | | | | | 14. POSITION NUMBER | | | 15. CAREER SERVICE DESIGNATION | | | |
| IO TECH AIDS | | | | | 0575 | | | D | | | |
| 16. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | | 17. OCCUPATIONAL SERIES | | 18. GRADE AND STEP | | | 19. SALARY OR RATE | | | |
| GS | | | 0136.63 | | # 9 (1) | | | \$ 6435 ✓ | | | |
| 20. REMARKS | | | | | | | | | | | |
| FROM: GS-8 (1) | | | | | | | | | | | |
| RECEIVED CSD 13 | | | | | | | | | | | |
| DATE SIGNED | | | | | | | | | | | |
| SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 21. ACTION CODE | | 22. EMPLOY. CODE | | 23. OFFICE CODING | | 24. STATION CODE | | 25. INTEGRAL CODE | | 26. DATE OF BIRTH | |
| 22 | | 10 | | 46575 TS | | 45025 | | 3 | | MO. DAY YEAR 05 19 35 | |
| 27. DATE OF LEI | | 28. DATE OF LEI | | 29. DATE OF LEI | | 30. DATE OF LEI | | 31. DATE OF LEI | | 32. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 33. DATE OF LEI | | 34. DATE OF LEI | | 35. DATE OF LEI | | 36. DATE OF LEI | | 37. DATE OF LEI | | 38. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 39. DATE OF LEI | | 40. DATE OF LEI | | 41. DATE OF LEI | | 42. DATE OF LEI | | 43. DATE OF LEI | | 44. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 45. DATE OF LEI | | 46. DATE OF LEI | | 47. DATE OF LEI | | 48. DATE OF LEI | | 49. DATE OF LEI | | 50. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 51. DATE OF LEI | | 52. DATE OF LEI | | 53. DATE OF LEI | | 54. DATE OF LEI | | 55. DATE OF LEI | | 56. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 57. DATE OF LEI | | 58. DATE OF LEI | | 59. DATE OF LEI | | 60. DATE OF LEI | | 61. DATE OF LEI | | 62. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 63. DATE OF LEI | | 64. DATE OF LEI | | 65. DATE OF LEI | | 66. DATE OF LEI | | 67. DATE OF LEI | | 68. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 69. DATE OF LEI | | 70. DATE OF LEI | | 71. DATE OF LEI | | 72. DATE OF LEI | | 73. DATE OF LEI | | 74. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 75. DATE OF LEI | | 76. DATE OF LEI | | 77. DATE OF LEI | | 78. DATE OF LEI | | 79. DATE OF LEI | | 80. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 81. DATE OF LEI | | 82. DATE OF LEI | | 83. DATE OF LEI | | 84. DATE OF LEI | | 85. DATE OF LEI | | 86. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 87. DATE OF LEI | | 88. DATE OF LEI | | 89. DATE OF LEI | | 90. DATE OF LEI | | 91. DATE OF LEI | | 92. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 93. DATE OF LEI | | 94. DATE OF LEI | | 95. DATE OF LEI | | 96. DATE OF LEI | | 97. DATE OF LEI | | 98. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 99. DATE OF LEI | | 100. DATE OF LEI | | 101. DATE OF LEI | | 102. DATE OF LEI | | 103. DATE OF LEI | | 104. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 105. DATE OF LEI | | 106. DATE OF LEI | | 107. DATE OF LEI | | 108. DATE OF LEI | | 109. DATE OF LEI | | 110. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 111. DATE OF LEI | | 112. DATE OF LEI | | 113. DATE OF LEI | | 114. DATE OF LEI | | 115. DATE OF LEI | | 116. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 117. DATE OF LEI | | 118. DATE OF LEI | | 119. DATE OF LEI | | 120. DATE OF LEI | | 121. DATE OF LEI | | 122. DATE OF LEI | |
| 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | | 1 12 62 | |
| 123. DATE OF LEI | | 124. DATE OF LEI | | 125. DATE OF LEI | | 126. DATE OF LEI | | 127. DATE OF LEI | | 128. DATE OF LEI | |
| | | | | | | | | | | | |

SECRET
(When Filled In)



| | | |
|--------------------------------------|-------------------------------------|--------------|
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
| ZAMBERNARDI, Robert | Wife - Martha Cecilia | 61-286 |

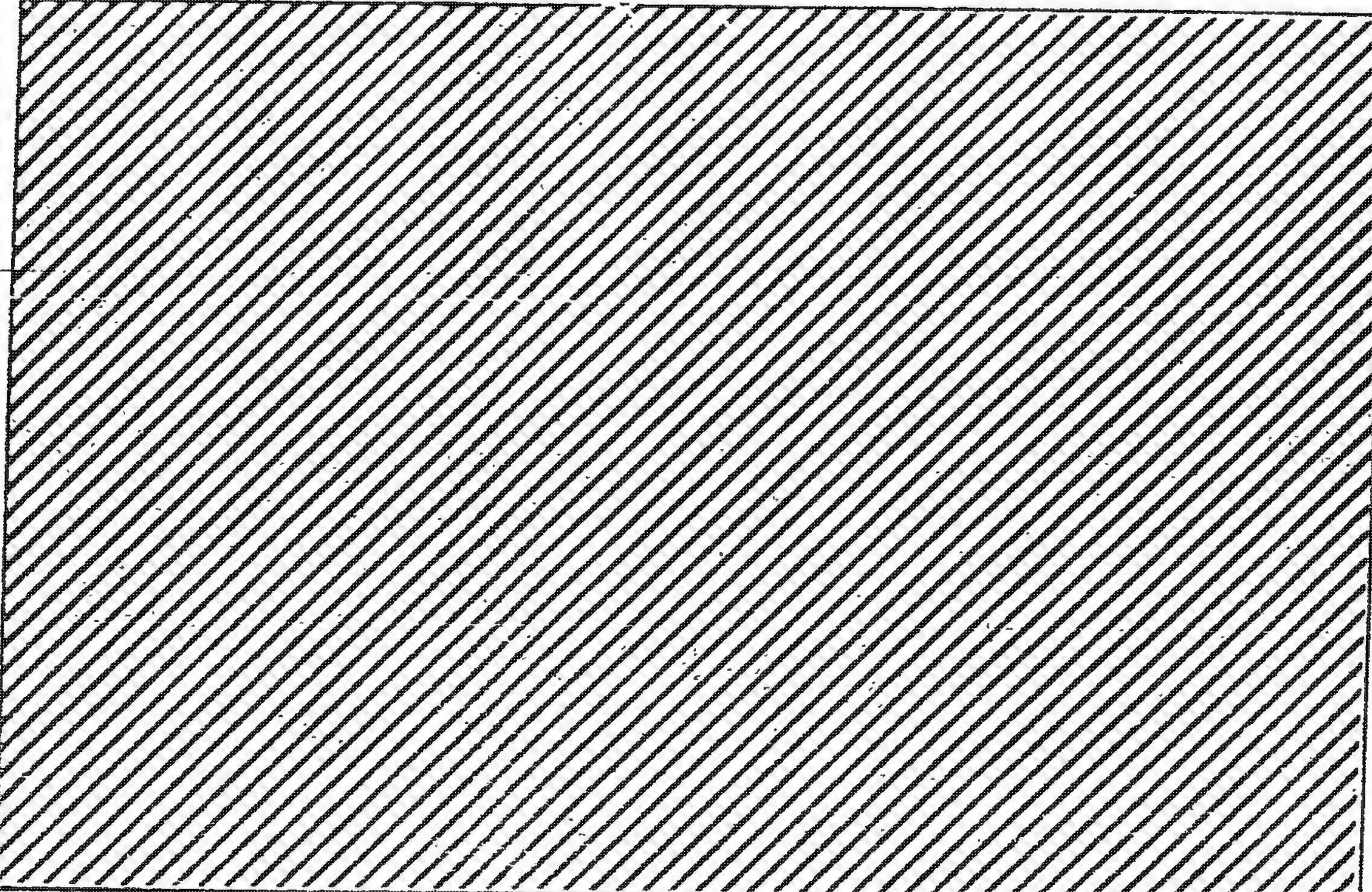
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leiomyoma of Uterus

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

| | | |
|---|-------------|----------------------|
|  | | |
| | | |
| NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) | DEPENDENT | CASE OR CLAIM NUMBER |
| Bumbernardi, Robert M. | Wife Martha | 55-226 |
| <p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>16 February 1960</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE | | |
| 8 April 1960 | | |
| NOTICE C OFFICIAL DISABILITY CLAIM FILE | | |

SECRET
(When Filled In)

| | | | | | |
|---|---|--|---|---|--|
| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED 15 Dec 1960 | |
| 1. SERIAL NUMBER 522592 | | 2. NAME (Last-First-Middle) ZAMBERNARDI, Robert | | | |
| 3. NATURE OF PERSONNEL ACTION PROMOTION | | | 4. EFFECTIVE DATE REQUESTED MONTH 12 DAY 25 YEAR 60 | | 5. CATEGORY OF EMPLOYMENT REGULAR |
| 6. FUNDS V TO V CF TO V <input checked="" type="checkbox"/> X CF TO CF | | 7. COST CENTER NO. CHARGEABLE 1125-5700-3007 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO | | | 10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico | | |
| 11. POSITION TITLE IO TECH AIDS | | | 12. POSITION NUMBER 575 | 12. PCR CONTROL NO. | 13. CAREER SERVICE DESIGNATION D3 |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS-1 | | 15. OCCUPATIONAL SERIES 0136.63 | | 16. GRADE AND STEP 08 01 | |
| 17. SALARY OR RATE 1 5885 | | | | | |
| 18. REMARKS <div style="text-align: right; margin-top: 100px;"> RECEIVED BY CSPD</div> | | | | | |
| 19. ACTION OFFICIAL <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | | 20. APPROVING OFFICIAL <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | |
| 21. ACTION CODE 46575 | 22. EMPLOY CODE 46575 | 23. OFFICE CODE 75 | 24. STATION CODE 46575 | 25. MONTH 12 | 26. DAY 25 |
| 27. DATE EXP. REC. MO 12 DA 25 YR 60 | 28. EMPLOY REFERENCE 1 - ETC 2 - EICA 3 - NONE | 29. RETIREMENT DATA CODE | 30. INFORMATION DATE CODE | 31. ACTION NO 05 DA 09 YR 35 | 32. DATE OF ACT. MO 12 DA 25 YR 60 |
| 33. INT. PREFERENCE CODE 1 - NONE 2 - 12 DA 3 - 12 YR | | 34. SERV. PREFERENCE SER. SERV. TEMP. DATE NO 12 YR 60 | 35. LONG. COMPL. DATE NO 12 YR 60 | 36. SER. SERV. DATE 1 - YES 2 - NO | 37. SER. SERV. DATE 1 - YES 2 - NO |
| 38. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO SERVICE IN SERVICE 3 - SERVICE IN SERVICE (EXCEEDS 12 MONTHS) 4 - SERVICE IN SERVICE (12 MONTHS TO 12 MONTHS) | | 39. PREVIOUS DATA CODE 1 - YES 2 - NO | 40. PREVIOUS DATA CODE 1 - YES 2 - NO | 41. PREVIOUS DATA CODE 1 - YES 2 - NO | 42. PREVIOUS DATA CODE 1 - YES 2 - NO |
| 43. POSITION CONTROL CERTIFICATION 12-21-60 | | | 44. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | |

FORM 1152 PREVIOUS EDITIONS OBSOLETE
GPO: 1959 O-500-000

SECRET

517

Personnel Actions Committee
Room 11
Government Mexico City

SECRET

| | | |
|--|---|---|
| NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP | | DATE 19 August 1965 |
| TO: (Check) | <input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION | ESTABLISHED FOR ZAMBERNARDI, Robert M. |
| | <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD | |
| ATTN: | Personnel | FILE NO. 4954 |
| REF: | Resignee Backstop debriefing | ID CARD NO. |
| MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional | | EMPLOYEE NO. |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ Block Records:
(OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Jul 56

☐ NA Submit Form 642 to change limitation category.
(HNB 20-7)

☐ NA Ascertain that Army W-2 being issued.
(HB 20-361-1)

☐ NA Submit Form 1322 for any change affecting this cover.
(R 240-310)

☐ NA Submit Form 1323 for transferring cover responsibility.
(R 240-350)

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

DISSEMINATION: Copy 1-POB, Copy 2-Operating Component, Copy 3-AM D OS, Copy 4-AM (TCL) AM, Copy 5-PSD/OS, Copy 6-2110

FORM 1551 1551

SECRET

(12-10-43)

SECRET
(When Filled In)

NJM: 25 AUG 65

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|--|-----------------------------|-------------------------|-----------------------------|----------------------------------|-------------------------------|---------------------------|----------------------------------|--|
| OEF | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | |
| RESIGNATION | | | | | 08 20 65 | | REGULAR | | |
| 6. FUNDS | | 7. TO V | | 8. TO V | | 9. COST CENTER NO. CHARGEABLE | | 10. CEC OR OTHER LEGAL AUTHORITY | |
| FUND | | V TO V | | V TO V | | 6125 0079 0000 | | | |
| 11. ORGANIZATIONAL DESIGNATIONS | | | | | 12. LOCATION OF OFFICIAL STATION | | | | |
| DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION | | | | | WASH., D. C. | | | | |
| 13. POSITION TITLE | | | | | 14. POSITION NUMBER | | 15. SERVICE DESIGNATION | | |
| PHOTO GEN | | | | | 0113 | | D | | |
| 16. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | | 17. OCCUPATIONAL SERIES | | 18. GRADE AND STEP | | 19. SALARY OR RATE | | |
| GS | | | 1060.02 | | 11 3 | | 9240 | | |
| 20. REMARKS | | | | | | | | | |
| COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C. | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 21. ACTION CODE | | 22. EMPLOY CODE | | 23. OFFICE CODING | | 24. STATION CODE | | 25. INTEREST CODE | |
| 45 | | 10 | | NUMERIC ALPHABETIC | | CODE | | CODE | |
| 26. DATE OF BIRTH | | 27. DATE OF GRADE | | 28. DATE OF LST | | 29. DATE OF BIRTH | | 30. DATE OF GRADE | |
| 05 09 35 | | | | | | 05 09 35 | | | |
| 31. NTA CAPITIES | | 32. SPECIAL REFERENCE | | 33. RETIREMENT DATA | | 34. SEPARATION DATA CODE | | 35. CORRECTION/CANCELLATION DATA | |
| | | | | 1. CEC 2. CEC 3. NONE | | 360041 | | ECG DATA | |
| 36. NAT PREFERENCE | | 37. SERV COMP DATE | | 38. LONG COMP DATE | | 39. OFFICE CATEGORY | | 40. FEET/DETERMINATION | |
| CODE | | CODE | | CODE | | CODE | | CODE | |
| 1. NONE 2. 100 3. 100 | | CODE | | CODE | | CODE | | CODE | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT CODE | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | |
| 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. 4 YEAR IN SERVICE (MAX 1 YEAR) 4. 5 YEAR IN SERVICE (MAX 1 YEAR) | | | | CODE | | CODE | | CODE | |
| | | | | | | | | | |
| SIGNATURE OF OTHER AUTHENTICATION | | | | | | | | | |
| all 8/26/65 | | | | | | | | | |

FORM 1150
11 57

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

| | | | | | | | | | | |
|--|------|--------------------|--------------|---------------------------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | 41 575 CF | | | | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Last PM Date | Grade | Step | Salary | Effective Date | PM | ISM | ADI |
| GS 10 | 2 | \$ 7,945 | 04/14/63 | GS 10 | 3 | \$ 8,200 | 04/12/64 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY | | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | | |
| SIGNATURE | | | | [Signature Box] DATE: 6 March 1964 | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

SECRET
(When Filled In)

ARM: AF AND 62

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|--|-------------------------------|--|---------------------------------|--|----------------------------------|--|----------------------------------|--|------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | |
| 022502 | | ZAMBERNARDI ROBERT | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| PROMOTION (CORRECTION) | | | | | | 04/14/63 | | REGULAR | | | |
| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | | 8. CXC OR OTHER LEGAL AUTHORITY | | | | | | | |
| <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> V TO V V TO CF CF TO V CF TO CF </div> </div> | | 3125 5700 3007 | | 50 USC 403 | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO | | | | | | MEXICO CITY, MEXICO | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| 10 TECH A105 | | | | | | 0575 | | D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | | 0136.63 | | 10 2 | | 7535 | | | |
| 18. REMARKS | | | | | | | | | | | |
| THIS CORRECTS FORM 156, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63." | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODING | | 22. STATION CODE | | 23. INTEROFFICE CODE | | 24. HOURS CODE | |
| | | | | ALPHABETIC ALPHABETIC | | | | | | 25. DATE OF BIRTH | |
| | | | | | | | | | | 04/06/35 | |
| 26. NTR EXPIRES | | 27. SPECIAL REFERENCE | | 28. RESIGNMENT DATA | | 29. SEPARATION DATA CODE | | 30. CORRECTION/CANCELLATION DATA | | 31. SECURITY REQ NO | |
| NO DA YA | | | | 1. YES 2. NO | | | | EOD DATA | | 32. SEX | |
| 33. VET PREFERENCE | | 34. SEXY COMP DATE | | 35. LONG COMP DATE | | 36. EARLIER CATEGORY | | 37. FEES / HEALTH INSURANCE | | 38. SOCIAL SECURITY NO | |
| CODE | | NO DA YA | | NO DA YA | | CODE | | CODE | | | |
| 1. YES 2. NO | | | | | | | | 1. YES 2. NO | | | |
| 39. PREVIOUS GOVERNMENT SERVICE DATA | | | | 40. FEDERAL TAX DATA | | | | 41. STATE TAX DATA | | | |
| CODE | | | | CODE | | | | CODE | | | |
| 1. YES 2. NO | | | | 1. YES 2. NO | | | | 1. YES 2. NO | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 16 APR 1963 <i>[Signature]</i> </div> | | | | | | | | | | | |

FORM 1159-PR
1159-PR
1963

Use Previous Edition


SECRET

(1963)
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

AFM: 11 APR 63

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|-----------------|-----------------------------|--|-------------------------------------|-------------------|----------------------------------|-------------------|---------------------------------------|-------------------|------------------------|-----------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| PROMOTION | | | | | | 04 14 63 | | REGULAR | | | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| CF TO V | | X | | CF TO CF | | 3125 5700 3007 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO | | | | | | MEXICO CITY, MEXICO | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| 10 TECH AIDS | | | | | | 0575 | | D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | | 2130.01 | | 10 2 | | 7535 | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTERCEE CODE | 24. HGT CODE | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF 1ST |
| 22 | 10 | 46075 TS | | 46075 | | 3 | 05 14 63 | | 04 14 63 | | 04 14 63 |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RESIGNMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY | |
| NO DA YR | | NO | | 1 CSC 2 PICA 3 NONE | | CODE | | TYPE NO DA YR | | 34 SER 35 HO | |
| | | NO | | | | | | EOD DATA | | | |
| 36. VET. PREFERENCE | | 37. SERV COMP DATE | | 38. LONG COMP. DATE | | 39. CAREER CATEGORY | | 40. FEGLI/HEALTH INSURANCE | | 41. SOCIAL SECURITY NO | |
| CODE 0 NONE 1 5-YR 2 10-YR | | MU DA YR | | MU DA YR | | CODE 1 YES 2 NO | | CODE 0 WAVER 1 YES | | CODE 0 WAVER 1 YES | |
| 42. PREVIOUS GOVERNMENT SERVICE DATA | | | | 43. LEAVE CAT. 44. FEDERAL TAX DATA | | | | 45. STATE TAX DATA | | | |
| CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (MAX. 1 YR) 3 BREAK IN SERVICE (MAX. 1 YR) | | | | CODE 1 YES 2 NO | | | | CODE 0 NO EXEMPTIONS 1 YES 2 NO | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| <div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 20px;">  15 APR 1963 </div> | | | | | | | | | | | |

FORM 1150 11 APR 1963 Edition

SECRET

FOR THE USE OF THE
PERSONNEL OFFICE

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1964.

| NAME | SERIAL | ORGN | FUNDS | GR-ST | OLD SALARY | NEW SALARY |
|--------------------|--------|------|-------|------------|---------------|---------------|
| ZAMBERNARDI ROBERT | 022592 | 41 | 575 | CF GS 10 2 | \$ 7,535 | \$ 7,945 |

BWS: 19 JAN 62

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|--|--------------------------------|-------------------------|------------------------------|----------------------------------|---------------------------------|---------------------------|----------------------------------|---------------------------------|-------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | |
| PROMOTION | | | | | 01 21 62 | | REGULAR | | | | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. COST CENTER NO. (CHARGEABLE) | | | 8. CSC OR OTHER LEGAL AUTHORITY | | |
| CF TO V | | X | | CF TO CF | | 2125 5700 3007 | | | 50 USC 403 J | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | |
| DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO | | | | | MEXICO CITY, MEXICO | | | | | | |
| 11. POSITION TITLE | | | | | 12. POSITION NUMBER | | | 13. CAREER SERVICE DESIGNATION | | | |
| 10 TECH AIDS | | | | | 0575 | | | D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc) | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | | 17. SALARY OR RATE | | | |
| GS | | | 0136.01 | | 09 1 | | | 6435 | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOYER CODE | | 21. OFFICE CODING | | 22. STATION CODE | | 23. INTEGREE CODE | | 24. HOURS CODE | |
| 22 | | 10 | | 40575 TS | | 45075 | | 3 | | 3 | |
| 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LFI | | | | | | | |
| 05 09 35 | | 01 21 62 | | 01 21 62 | | | | | | | |
| 28. HIRE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ NO | |
| | | | | 1. CSC 2. FICA 3. NONE | | | | EOD DATA | | | |
| 35. VET PREFERENCE | | 36. SEER SWAP DATE | | 37. LONG CLMP DATE | | 38. MIL SERV CREDIT/LED | | 39. FECL/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | |
| CODE | | 0. NONE 1. 5 YR 2. 10 YR | | MC GA TA | | 1. YES 2. NO | | CODE 1. YES 2. NO | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT | | 43. FEDERAL TAX DATA | | | | 44. STATE TAX DATA | |
| CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 12 MOS 4. BREAK IN SERVICE MORE THAN 12 MOS | | | | CODE | | CODE 1. YES 2. NO | | | | CODE 1. YES 2. NO | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED 1/25/62 OM | | | | | | | | | | | |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-733 AND
 DCI MEMORANDUM DATED 1 AUGUST 1955, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD OLD NEW NEW
 GR-ST GR-ST GR-ST GR-ST GR-ST GR-ST
 ZAMBERNARDI ROBERT 022592 4A575 CF 09 1 3 6435 09 1 3 6A75

| | | | | | | | | | | |
|--|------|--------------------|----------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No. | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | 46 575 CF 10 | | | | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADI |
| GS 09 | 15 | \$ 6,675 | 01/21/62 | GS 09 | 23 | \$ 6,900 | 01/20/63 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY | | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | | |
| SIGNATURE | | | | DATE | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

Form 560

Obsolete Previous Edition

(4-51)

SECRET
 (When Filled In)

| | | | | | | | | | | |
|--|------|--------------------|----------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No. | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | D P/TSD 10 UV | | | | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADI |
| GS 08 | 1 | \$ 5,881 | 12/25/61 | GS 08 | 2 | \$ 6,051 | 12/24/61 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| / / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: 23
28 DEC 1960

 SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|-----------------|--------------------------------|--|-------------------------|-------------------|---|----------------------|----------------------------------|---------------------------------|-----------------------------------|----------------------|
| OCF | | | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | |
| 022592 | | ZAMBERNARDI ROBERT | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | | 5. CATEGORY OF EMPLOYMENT | | |
| PROMOTION | | | | | | MO DA YR 12 25 60 | | | REGULAR | | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. COST CENTER NO. CHARGEABLE | | | 8. CLK OR OTHER LEGAL AUTHORITY | | |
| CF TO V | | X | | CF TO CF | | 1125 5700 3007 | | | 50 USC 403 d | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP. TSD WESTERN HEMISPHERE MEXICO | | | | | | MEXICO CITY, MEXICO | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | | 13. CAREER SERVICE DESIGNATION | | |
| IO TECH AIDS | | | | | | 0575 | | | D | | |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | | 17. SALARY OR RATE | | |
| b1 | | | | 0136.63 | | 08 1 | | | 5885 | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqrs. Code | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LEI |
| 22 | 10 | NUMERIC ALPHABETIC 46575 TS | | 45075 | | 3 | MO DA YR 05 09 35 | | MO DA YR 12 25 60 | | MO DA YR 12 25 60 |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ NO. | |
| MO DA YR | | 1. CCL 2. P-CA 3. NONE | | CODE | | DATA CODE | | TYPE MO DA YR | | EOD DATA | |
| 35. VET PREFERENCE | | 36. SERV COMP DATE | | 37. LONG. COMP DATE | | 38. MIL. SERV. CREDIT/LCD | | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | |
| CODE 0 - NONE 1 - 5 YR 2 - 10 YR | | MO DA YR | | MO DA YR | | 1 - YES 2 - NO | | CODE CODE 0 - WAIVER 1 - YES | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT CODE | | 43. FEDERAL TAX DATA | | | | 44. STATE TAX DATA | |
| CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS) | | | | CODE | | FORM EXECUTED CODE NO TAX EXEMPTIONS FORM EXECUTED CODE NO TAX EXEMPTIONS | | | | CODE NO TAX EXEMPTIONS STATE CODE | |
| | | | | | | 1 - YES 2 - NO | | | | 1 - YES 2 - NO | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| <div style="text-align: right;"> POSTED <i>[Signature]</i> 7/20/61 </div> | | | | | | | | | | | |

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | |
|----------------------------------|--|-----------------------------|--|---------------------------------|--|-------------------------|--|-------------------|-----------------------------|-------------------------|-----------|---------------|-------------|--|--|
| AES: 17 APRIL 1959 | | | | | | | | | | | | | | | |
| 1. Serial No. | | 2. Name (Last-First-Middle) | | | | 3. Date Of Birth | | | 4. Vet. Prof. | | 5. Sex | | 6. CS - FOD | | |
| 522592 | | ZAMBERNARDI ROBERT | | | | Mo. Da. Yr. 05 05 35 | | | None-0 5 Pt-1 10 Pt-2 | | Code 1 | | M 1 | | |
| 7. SCD | | 8. CSC Retmt. | | 9. CSC Or Other Legal Authority | | | | 10. Apmt. Affidav | | 11. FEGLI | | 12. TCD | | 13. <small>Min. Error</small> <small>Yes</small> | |
| Mo. Da. Yr. 08 02 54 | | Yes-1 No-2 | | Code 1 | | 50 USCA 403 J | | | | Mo. Da. Yr. 07 30 56 | | Yes-1 No-2 | | Code 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | | |
|---|--|--------------------|--|------------|--|----------------------------------|--|-------------------------|--|--------------------------|--|
| 14. Organizational Designations | | | | Code | | 15. Location Of Official Station | | | | Station Code | |
| DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR | | | | 4448 | | WASH.D.C. | | | | 75013 | |
| 16. Dept. - Field | | 17. Position Title | | | | 18. Position Flr. | | 19. Serv. | | 20. Occup. Series | |
| Dept - 1 USIld - 3 Frqn - 5 | | Code 2 | | PHOTOG GEN | | | | 0513 | | GS 1060.02 | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grade | | 25. PSL Due | | 26. Appropriation Number | |
| 07 1 | | \$ 4980 | | DT | | Mo. Da. Yr. 12 28 58 | | Mo. Da. Yr. 12 27 59 | | 9 2500 25 007 | |

ACTION

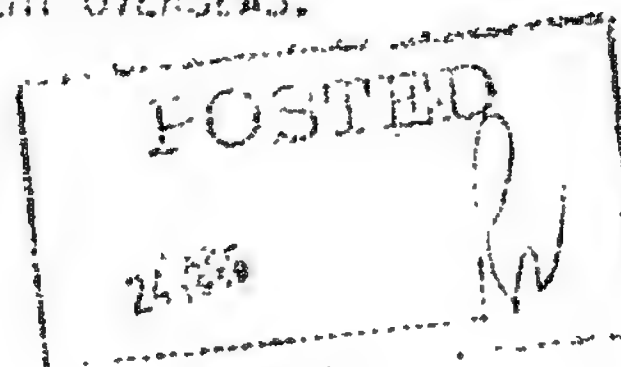
| | | | | | | | | | | | |
|---|--|------|--|-------------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action | | Code | | 28. Eff. Date | | 29. Type Of Employee | | Code | | 30. Separation Data | |
| REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS* | | 05 | | Mo. Da. Yr. 04 19 59 | | REGULAR | | 01 | | | |

PRESENT ASSIGNMENT

| | | | | | | | | | | | |
|--|--|--------------------|--|--------------|--|----------------------------------|--|-------------------------|--|--------------------------|--|
| 31. Organizational Designations | | | | Code | | 32. Location Of Official Station | | | | Station Code | |
| DDP 135 FOREIGN FIELD WESTERN HEMISPHERE MEXICO | | | | 4455 | | MEXICO | | | | 45000 | |
| 33. Dept. - Field | | 34. Position Title | | | | 35. Position Flr. | | 36. Serv. | | 37. Occup. Series | |
| Dept - 1 USIld - 3 Frqn - 5 | | Code 5 | | 10 TECH AIDS | | | | 0575 | | GS 0135.63 | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | | 41. Date Of Grade | | 42. PSL Due | | 43. Appropriation Number | |
| 07 1 | | \$ 4980 | | DT | | Mo. Da. Yr. 12 28 58 | | Mo. Da. Yr. 12 27 59 | | 9 2500 75 007 | |

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.



SECRET
(When Filled In)

| | | | | | | | | | | | |
|--|--|--|--|---|-------------------------|--------------------------|--------|------------------------|---|---|---|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 22592 | | | | | | | |
| SECTION A GENERAL | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) ZAMBERNARDI, Robert M. | | | 2. DATE OF BIRTH 9 May 1935 | | 3. GRADE CJ-8 | | | | | | |
| 4. SERVICE DESIGNATION KURIOT | | 5. OFFICIAL POSITION TITLE IO TECH AIDS | | 6. OFF/DIV/BR OF ASSIGNMENT WH/III/MEXI | | | | | | | |
| 7. CAREER STAFF STATUS | | | 8. TYPE OF REPORT | | | | | | | | |
| <input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | | | | | | | | |
| 9. DATE REPORT DUE IN O.P. 31 AUGUST 1961 | | 10. REPORTING PERIOD From 7/1/60 To 6/30/61 | | 11. SPECIAL (Specify) | | | | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | | | | | | |
| | | RATING NO. | | RATING NO. | | | | | | | |
| | | 6 | | 5 | | | | | | | |
| | | RATING NO. | | RATING NO. | | | | | | | |
| | | 5 | | 5 | | | | | | | |
| | | RATING NO. | | RATING NO. | | | | | | | |
| | | 6 | | | | | | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | | | | |
| 1 - Performance in many important respects falls to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. 5 | | | | | | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | | | | | | |
| 1 - Least possible degree | | 2 - Limited degree | | 3 - Normal degree | | 4 - Above average degree | | 5 - Outstanding degree | | | |
| CHARACTERISTICS | | | | | NOT APPL. CABLE | NOT ON SERVED | RATING | | | | |
| | | | | | | | 1 | 2 | 3 | 4 | 5 |
| GETS THINGS DONE | | | | | | | | | | | X |
| RESOURCEFUL | | | | | | | | | | X | |
| ACCEPTS RESPONSIBILITIES | | | | | | | | | | X | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | | | | | X | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | | | | | X | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | | | | | X | |
| WRITES EFFECTIVELY | | | | | | | | X | | | |
| SECURITY CONSCIOUS | | | | | | | | | | | X |
| THINKS CLEARLY | | | | | | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | | | | | X | |
| OTHER (Specify): | | | | | | | | | | | |
| SEE SECTION "E" ON REVERSE SIDE | | | | | | | | | | | |

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

SECTION F

CERTIFICATION AND COMMENTS

| | | |
|---|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I certify that I have seen Sections A, B, C, D and E of this Report. | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 13 September 1961 | /s/ Robert M. Zambarnardi | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 12 months | | |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. | | |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS | |
| OTHER (Specify): | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 13 September 1961 | Deputy Chief of Station | |
| 3. BY REVIEWING OFFICIAL | | |
| I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. | | |
| I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. | | |
| I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. | | |
| I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 13 September 1961 | Chief of Station | |

SECRET

Fitness Reports for period After, and
Personnel Action for period prior to —
FBI Liaison Mexico City

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | | |
|--|---------------------|----------------------------|--------------------------|--|-----------------------------|-----------------|------------|
| 29 DEC 1965 TSJ | | | | | 22592 | | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE | |
| ZAMBERNARDI Robert | | | 9 May 1935 | | N | GS-7 | |
| 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | |
| KURIOT | | IO TECH AIDS | | | KURIOT/Mexico | | |
| 8. CAREER STAFF STATUS | | | | 9. TYPE OF REPORT | | | |
| <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | | | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | | 12. SPECIAL (Specify) | | | |
| | | From To | | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding | |
| | | | RATING NO. | | | | RATING NO. |
| | | | 5 | | | | 4 |
| | | | RATING NO. | | | | RATING NO. |
| | | | 6 | | | | 4 |
| | | | RATING NO. | | | | RATING NO. |
| | | | 5 | | | | 6 |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | | RATING NO. 4 | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | | | |
| CHARACTERISTICS | | | NOT APPLICABLE | NOT OBSERVED | RATING | | |
| | | | | | 1 | 2 | |
| DOES THINGS DONE | | | | | | | |
| RESOURCEFUL | | | | | | | |
| ACCEPTS RESPONSIBILITIES | | | | | | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | | |
| WRITES EFFECTIVELY | | | | | | | |
| SECURITY CONSCIOUS | | | | | | | |
| THINKS CLEARLY | | | | | | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | | |
| OTHER (Specify): | | | | | | | |
| SEE SECTION "E" ON REVERSE SIDE | | | | | | | |

19507/529

SECRET
(When Filled In)**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

0:22 11 04 AM '60
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

SECTION F CERTIFICATION AND COMMENTS**1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

27 Oct 1960

SIGNATURE OF EMPLOYEE

Subject signed form 45a in pseudo.

2.**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

27 Oct 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Winston Scott

3.**BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS: I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

13 AUG 1959

| | | | | | | |
|--|--|---|--|---|------------------------|----|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 122592 | | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M. | | | 2. DATE OF BIRTH 9 May 1935 | | 3. SEX M | |
| 4. GRADE GS-7 | | 5. SERVICE DESIGNATION DT | | 6. OFFICIAL POSITION TITLE PHOTOC GEN | | |
| 7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD | | | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | |
| <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | <input checked="" type="checkbox"/> INITIAL REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL REASSIGNMENT/EMPLOYEE | | | |
| 10. DATE REPORT DUE IN G.P. 30 June 1959 | | 11. REPORTING PERIOD Dec 1958 to Jun 1959 | | 12. SPECIAL (Specify) | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | |
| | | RATING NO. 3 | | | | |
| | | RATING NO. 4 | | | | |
| | | RATING NO. 4 | | | | |
| | | RATING NO. 4 | | | | |
| | | RATING NO. 4 | | RATING NO. 4 | | |
| | | RATING NO. 5 | | RATING NO. 5 | | |
| | | RATING NO. 3 | | RATING NO. 3 | | |
| | | RATING NO. 3 | | RATING NO. 3 | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. 4 | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | |
| 1 - Least possible degree | | 2 - Limited degree | | 3 - Normal degree | | |
| 4 - Above average degree | | 5 - Outstanding degree | | | | |
| CHARACTERISTICS | | NOT APPLICABLE | NOT OBSERVED | RATING | | |
| | | | | 1 | 2 | 3 |
| GETS THINGS DONE | | | | | | XX |
| RESOURCEFUL | | | | | | XX |
| ACCEPTS RESPONSIBILITIES | | | | | | XX |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | XX |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | XX |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | XX |
| WRITES EFFECTIVELY | | XX | | | | |
| SECURITY CONSCIOUS | | | | | | XX |
| THINKS CLEARLY | | | | | | XX |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | XX | | | | |
| OTHER (Specify): | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F

CERTIFICATION AND COMMENTS

| | | |
|--|--|--|
| 1. BY EMPLOYEE | | |
| I certify that I have seen Sections A, B, C, D and E of this Report. | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| | | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION. | |
| 12 | SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959. | |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. | | |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS | |
| OTHER (Specify): | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | |
| 25 JUNE 1959 | C/TSS/PSD/OSL | |
| 3. BY REVIEWING OFFICIAL | | |
| <input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. | | |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. | | |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. | | |
| <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | |
| 25 JUNE 1959 | I. O. TECH. AIDS | |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 122592 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|---------------------|--|--|--|--|--|--|--|--|---|---|---|---|---|------------------|--|--|--|--|---|--|--|--|-------------|--|--|--|--|---|--|--|--|--------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|-------------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--------------------|--|---|--|--|--|--|--|--|--------------------|--|--|--|--|---|--|--|--|----------------|--|--|--|--|---|--|--|--|---|--|---|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|
| SECTION A GENERAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert | | | 2. DATE OF BIRTH 5 Sept 1935 | | 3. SEX M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. GRADE GS-5 | | 5. SERVICE DESIGNATION DT | | 6. OFFICIAL POSITION TITLE PHOTOG GEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. DATE REPORT DUE IN O.P. December 1958 | | 11. REPORTING PERIOD Dec 1957 to Dec 1958 | | 12. SPECIAL (Specify) Also Promotion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 35%; height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 3</div> </td> <td style="width: 30%; height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> </td> <td style="width: 35%; height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> </td> </tr> <tr> <td style="height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> </td> <td style="height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> </td> <td style="height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> </td> </tr> <tr> <td style="height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 3</div> </td> <td colspan="2" style="height: 100px; vertical-align: top;"> <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> </td> </tr> </table> | | | | | | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 3</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 3</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 3</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 3</div> | <div style="position: absolute; top: 5px; right: 5px; text-align: right;">RATING NO. 4</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 50%;">CHARACTERISTICS</th> <th rowspan="2" style="width: 5%;">NOT APPLI- CABLE</th> <th rowspan="2" style="width: 5%;">NOT OB- SERVED</th> <th colspan="5">RATING</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> <tr> <td>GETS THINGS DONE</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RESOURCEFUL</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ACCEPTS RESPONSIBILITIES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOES HIS JOB WITHOUT STRONG SUPPORT</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FACILITATES SMOOTH OPERATION OF HIS OFFICE</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>WRITES EFFECTIVELY</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECURITY CONSCIOUS</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>THINKS CLEARLY</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER (Specify):</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | CHARACTERISTICS | NOT APPLI- CABLE | NOT OB- SERVED | RATING | | | | | 1 | 2 | 3 | 4 | 5 | GETS THINGS DONE | | | | | X | | | | RESOURCEFUL | | | | | X | | | | ACCEPTS RESPONSIBILITIES | | | | | | | X | | CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X | | | | DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X | | | | FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X | | | | WRITES EFFECTIVELY | | X | | | | | | | SECURITY CONSCIOUS | | | | | X | | | | THINKS CLEARLY | | | | | X | | | | DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | X | | | | | | | OTHER (Specify): | | | | | | | | |
| CHARACTERISTICS | NOT APPLI- CABLE | NOT OB- SERVED | RATING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GETS THINGS DONE | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESOURCEFUL | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCEPTS RESPONSIBILITIES | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WRITES EFFECTIVELY | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECURITY CONSCIOUS | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THINKS CLEARLY | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (Specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEE SECTION "B" ON REVERSE SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

8

Subject on leave, will be shown to him later

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

23/12/58

DC/TSS/PSD/CSL

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

23 DECEMBER 1958

DC/TSS/PSD

SECRET

4-00000

Fitness Reports and other
Personnel Documents Dated period
prior his Assignment to Mexico City